



South Dakota Board of Nursing
Unlicensed Assistive Personnel
4305 South Louise Avenue Suite 201
Sioux Falls SD 57106-3115
(605) 362-2760 Fax: (605) 362-2768

Unlicensed Dialysis Technician (UDT) Registry Renewal Application

If any of the information is incorrect, incomplete or illegible, processing may be delayed. An applicant will be notified if additional information is required. **Send this completed application to the fax number listed above or email to Ashley.Kroger@state.sd.us.**

****Allow up to 5-7 business days for the SDBON to process your application****

This Section to Be Completed By Unlicensed Dialysis Technician

Name: First _____ Middle _____ Last _____

Other names used (Maiden, Former): _____

Social Security Number: _____ Date of Birth: _____

Registration Number: TO _____

Mailing Address: _____ Apartment #: _____

City: _____ State: _____ Zip: _____

Telephone: Home: () _____ Cell: () _____

Email: _____ Gender: ☐ Male ☐ Female

Ethnicity: ☐ Caucasian ☐ Black ☐ Hispanic ☐ Asian/Pacific Islander ☐ American Indian/Alaskan Native ☐ Other

Provide certification information: Verification having passed an approved dialysis technician certification exam and maintaining active certification is required. Provide your certification information below.

I hold current certification as a dialysis technician with:	Certification Number:	Expiration Date:
<input type="checkbox"/> Certified Clinical Hemodialysis Technician (CCHT) (through Nephrology Nursing Certification Commission (NNCC))		
<input type="checkbox"/> Board of Nephrology Examiners for Nursing and Technology (BONENT)		
<input type="checkbox"/> National Nephrology Certification Organization (NNCO).		

- ***Provide a copy of certification information/card with this application***

Do you currently owe child support arrearages in the sum of \$1,000 or more? ☐ YES ☐ NO

If YES, contact South Dakota Department of Social Services to make arrangements prior to renewal of dialysis tech registration.

*I declare and affirm that, to the best of my knowledge and belief,
all of the information provided on this application is complete, true, and correct.*

UDT Signature: _____ Date: _____